BUSINESS NAME

BUSINESS ADDRESS (STREET ADDRESS, CITY, STATE, AND ZIP CODE)

CERTIFICATION (Totally Complete Filing – Std.)

RE 699A (Rev. 3/99)	
NAME OF SUBDIVISION	
TRACT NUMBER	COUNTY
CERTIFICATION	
I certify that I am familiar with the California Department of Real Estate (DRE) laws, regulations, and requirements governing issuance of subdivision public reports.	
I further certify that the attached subdivision filing is totally complete and correct.	
This filing includes a completed Worksheet (Standard) (RE 622E), a typed review by the DRE.	l public report and one photocopy for
I understand that the DRE will review this filing on an expedited basis and the Department will make every reasonable effort to issue the public report w	
I also understand that if the attached filing is incomplete, this may jeopardize my further participation in the priority processing program. If there are any deficiencies, I will be so notified and this filing will not receive any further priority handling.	
SIGNATURE OF SINGLE RESPONSIBLE PARTY	DATE
PRINTED NAME OF SINGLE RESPONSIBLE PARTY	TITLE